## Approved for use through 07/31/2006, OHB 0561-3026 U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patient of Commer

TION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		48556-00005	
Application Number 069/666,377 File		20 September 2000	
For CONTEXT SENSITIVE DYNAMIC AUTHENTICATION IN A CRYPTOGRAPHIC SYSTEM			
Art Unit 2134			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
F	ee	Small Entity Fee	
_	120	\$60	s
	450	\$225	\$
	1020	\$510	\$1,020.00
	1590	\$795	s
Five months (37 CFR 1.17(a)(5)) \$	2160	\$1080	s
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.			
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1067. I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
l am the applicant/inventor.			
assignce of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (FORM PTO/SB/96).			
□ attorney or agent of record. Registration Number <u>33,754</u> .			
72/6/2			
Signature	October Date	20, 2005	
Don Pelto		202.628.1700	
Typed or printed Name	Telepho	ne Number	
NOTE: Signature of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to USH 1U to process) an apprison. Confidentiality is governed by 30 USC. 122 and 37 CH 1.11 and 3.1-1. Into corection is estimated to fast 6 minutes to complete, including applienting, pressuring, and submitting the complete application from the USPOT I Time will vary utperfully good the Introduction and the Complete application from the USPOT I Time will vary utperfully good the Introduction and the Complete application from the USPOT I Time will vary utperful good the Introduction and the Complete application from the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful good to the USPOT I Time will vary utperful g

more than one signature is required, see below. ☐ Total of 1 forms are submitted.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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